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TEL:+886-2-8923-7350FAX:+886-2-2929-5950e-mail:winstonhsu@naipo.com.tw

FAX TO: Perveen, Rehana

ART UNIT: 2182

Tel: (703) 305-8476 Fax: (703) 746-7239

FROM: Winston Hsu, PATENT AGENT, REG. NO.: 41,526

SUBJECT: SERIAL NO.: 10/063,885

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TRANSMITTAL FORM (to be used for all correspondence after trible! (fing.)		Application Number		10/063,686			
		Filing Date	05	05/21/2002			
		First Named Inventor		Ko-Chian Chuang			
		Art Unit		2182			
(to be used for all correspondence enter make taine)		Examiner Name		Perveen, Rehana			
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ENCLOSURES (Check all that apply)							
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U.S. Petent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known TRANSMIT 10/063,885 Application Number 05/21/2002 Filing Date for FY 2004 Ko-Chien Chuang First Named Inventor Effective 10/01/2009. Patent fees are subject to ennual revision. Perveen, Rehana Exeminer Name Applicant claims small entity status, See 37 CFR 1.27 2182 Art Unit! (\$) 0.00 CEIP0041USA TOTAL AMOUNT OF PAYMENT. Attorney Docket No. FEE CALCULATION (continued) METHOD OF PAYMENT (check all that apply) 3. ADDITIONAL FEES Money Cther None Check Credit card arne Entity : Small Entity Deposit Account Fee F89 Fee Description Code Deposit Account Fee Paid 50-0801 2051 ; 65 Surcharge - late filing fee or cetts 1051 130 Numbe Surcharge - late provisional filing fee or cover sheet Deposit 1052 · 60 2052 North America International Patent Office Name 1053 190 1053 190 Non-English specification Director is authorized to: (check ell that apply) 1812. 2,526. For filling a request for experts reexemination 1612 2.520 Charge fee(s) indicated below Credit any overpayments 926* Requesting publication of SIR prior to Examiner action 1604 1804 Charge any additional feb(s) or any underpayment of feb(s) Charge tee(s) indicated below, except for the filing fee Requesting publication of SIR after 1806 1.840 1805 1.8401 Examiner action to the above-identified deposit ecocunt. 1251 110 2281 Extension for reply within first month FEE CALCULATION Extension for reply within second month 1252 420 2262 210 1. BASIC FILING FEE Extension for reply within third month 2253 1258 950 475 Small Entity arge Entity Fee Paid Fee Description 1254 1,480 2254 Extension for reply within fourth month GOOD (\$) 1,006 Extension for reply within fifth month 1255 2,010 2255 Utility filling fee 1001 770 2001 385 . 330 2401 185 Notice of Appeal 1401 1002 2002 170 Design tiling fee 340 1402 330 2402 166 Filling a brief in support of an appeal Plant filing fee 1003 580 2003 266 145 Request for oral hearing 1403 . 290 2403 Reissue filing fee 2004 385 1004 770 1451 1,510 1461 1,510 Petition to institute a public use proceeding 1005 160 2005 Provisional filing for 1452 110 2462 55 Pelition to revive - unavoidable SUBTOTAL (1) (\$) 0.00 1453 1,330 2453 686 Petition to revive - unintentional 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE 555 Littlity taque fee (or referre) 1601-1.330 2501 1602 2602 240 Dostgn Issue fee Ext<u>re Claim</u>e 480 Total Claims 1503 640 2503 320 Plantissue fee Independent: 130 Petitions to the Commissioner 1460 130 1460 Cialma Multiple Dependent 1807 1807 60 Processing fee under 37 CFR 1.17(q) 50 180 Submission of Information Disclosure Strat arge Entity Small Entity 1808 180 1800 **Fee Description** 40 Recording each patent assignment per Fee Fee Code (\$) Code (8) 8021 40 8021 property (times number of properties) Claims in excess of 20 1202 2202 18 366. Filling a aubmission after final rejection (37 CFR 1.129(e)) 1809 770 2809 Independent claims in excess of 3 1201 88 2201 43 For each additional invention to be exemined (37 CFR 1.129(b)) Multiple dependent claim, if not cald 1203 290 2203 145 1810 770 2810 Relissue Independent claims 1204 88 2204 48 385 Request for Continued Examination (RCE) 2801 over original patent 1801 770 Request for expedited examination of a design application Reissue claims in excess of 20 1802 900 1802 900 1205 18 2206 and over original batent Other fee (apecify) (\$) 0.00 SUBTOTAL (2) *Reduced by Basic Filing Fee Paid (\$) 0.00 SUBTOTAL (3) For number previously paid, if greater, For Releaves, see above. (Complete (# applicable)) SUBMITTED BY

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